

	in this information to ide												
De	btor 1 DA	VID M. SC	HULZE				-						
	btor 2						-						
Un	ited States Bankruptcy C	ourt for the:	EASTERN DISTRICT	OF PENNS	SYLVANIA		_						
Case number 24-13326								Check	if this is:				
(If k	nown)							■ An	amende	d filing			
											ving postpetition e following date:	chapter	
<u>O</u>	fficial Form 10	<u>61</u>						MN	// DD/ Y	YYY			
S	chedule I: Yo	ur Inco	ome									12/15	
atta	rt 1: Describe Em	this form. (r spouse is not filing wi On the top of any addition										
1.	Fill in your employment information.			Debtor 1				ı	Debtor 2 or non-filing spouse				
	If you have more than		Employment status	■ Employed					■ Employed				
	attach a separate page with information about additional employers.		Employment status	☐ Not employed					☐ Not employed				
	. ,		Occupation						DIETAR	Υ			
	Include part-time, seas self-employed work.				e			MAIN LINE HOSP					
	Occupation may includ or homemaker, if it app		Employer's address										
			How long employed th	ere?									
Pai	rt 2: Give Details	About Mon	thly Income										
spo If yo	use unless you are separ	rated. se have mo	ate you file this form. If your than one employer, cothis form.				nploye		nat persor	n on the			
2.	List monthly gross wages, salary, and commissions (bef			, ,		2.	\$		0.00	\$	6,170.00		
doddollolo). If not paid monthly, balbalato what the monthly			, wage wou		3.	· —			Ψ +\$	·			
3.	Estimate and list monthly overtime pay.				ა.	+\$		0.00	+Φ _	0.00			
4.	Calculate gross Incor	me. Add lin	e 2 + line 3.			4.	\$	(0.00	\$_	6,170.00		

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	DAVID M. SCHULZE	_	Cas	se number (if known)	24-133	26		
	Cop	by line 4 here	4.	F (or Debtor 1	For Denon-fi	ling s	2 or spouse ,170.00	
5.	List	t all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	0.00	\$	1.	,468.00	
	5b.	Mandatory contributions for retirement plans	5b.	٠.	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		246.00	_
	5d.	Required repayments of retirement fund loans	5d.	. \$	0.00	\$		48.00	_
	5e.	Insurance	5e.	. \$	0.00	\$		62.00	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00	_
	5g.	Union dues	5g.		0.00	\$		0.00	_
	5h.	Other deductions. Specify: LIFE/DIS/OTHER INS	5h.	.+ \$	0.00	+ \$		52.00	_
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	1,	,876.00	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	4,	,294.00	_
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	¢.	0.00	¢		0.00	
	8b.	monthly net income. Interest and dividends	8a. 8b.		0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependen		. Ψ.	0.00	Ψ		0.00	-
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		0.00	
	8d.		8d.	٠.	0.00	\$		0.00	_
	8e.	Social Security	8e.	. \$	0.00	\$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$		0.00	_
	8g.	Pension or retirement income	8g.		0.00	\$		0.00	_
	8h.	Other monthly income. Specify: PRORATED 2023 TAX REFUND	8h.	+ \$	149.00	+ \$		0.00	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	149.00	\$		0.00	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	149.00 + \$	4,29	4.00	= \$	4,443.00
10.		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ	149.00	4,29	+.00		4,443.00
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	ır depe		•			e <i>J</i> . +\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The rete that amount on the Summary of Schedules and Statistical Summary of Certailies					12.	\$	4,443.00
13.	Do	you expect an increase or decrease within the year after you file this form	n?					Combir monthl	ned y income
	_	Van Euglain							

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